

# DISABILITY SERVICES COMMISSION

## Referral Form for Intellectual Disability/Autism Spectrum Disorder

Please complete and return this form to:

**Disability Services Commission  
Eligibility Coordination Team  
PO Box 441  
West Perth WA 6872**

Fax: 9226 0391  
Phone: 9426 9223 / 9426 9223  
Email: [eligibility@dsc.wa.gov.au](mailto:eligibility@dsc.wa.gov.au)

This form is also available at:

[www.disability.wa.gov.au/Publications and links/General information/  
Referral form](http://www.disability.wa.gov.au/Publications%20and%20links/General%20information/Referral%20form)

**Section A: Details of the Referring Person**

Please provide some information about the person who is making this referral. If you are making the referral for yourself or a family member, go straight to question 3.

1. Name and position of person referring	
2. Name of agency (if applicable)	
3. Date of Referral	

4. Reason for referral:

**Section B: Details of the person being referred and their next of kin**

Please provide some information about the person who is being referred (the applicant).

5. Surname		
6. First name(s)		
7. Date of birth		
8. Gender (circle one)	Male	Female
9. Address		
10. Phone number	H:	MOB:

Please provide some information about the applicant's guardian(s)/parent(s).

11. Relationship		
12. Surname		
13. First Name		
14. Address		
15. Phone number		
16. Email address		
17. Have any of the applicant's family members ever been referred to the Commission?		
Please list:		Yes / No

**Section C: Guardianship**

<b>18.</b> Who is the applicant's legal guardian?      e.g. parents	
✓ If not parents, please provide a copy of the Guardianship Order	

**Section D: Ancestry**

<b>19.</b> In which country was the applicant born?	
(e.g. Australia, UK, New Zealand, Malaysia, Vietnam, Indonesia, South Africa etc.)	

<b>20.</b> In which country was the applicant's mother born?	
<b>21.</b> In which country was the applicant's father born?	

<b>22.</b> Is the applicant of Aboriginal descent? If yes, please proceed to Section F.	Yes / No
--	----------

**Section E: Residency**

<b>23.</b> Is the applicant a permanent Australian resident?	Yes / No
✓ Please <b>attach a copy</b> of a birth certificate (or Centrelink health care card/Citizenship certificate/Australian Passport, if both parents born overseas)	

**Section F: Language**

<b>24.</b> Does the applicant speak a language other than English?	Yes / No
<b>Is an interpreter required?</b>	Yes / No

<b>25.</b> If yes, what other language(s) does the applicant speak?	
(e.g. Vietnamese, Italian, Croatian, Kriol, traditional Aboriginal language, AUSLAN)	

**Note:** Please make sure you have attached any required documents.

**You may also wish to include any reports you may have which support your application for services eg speech pathology/school psychology reports etc.**

**Section G: Consent and Information**

**If the applicant is over 18 years, the applicant will need to sign this form.**

<b>(i)</b>	I consent to this referral to the Disability Services Commission for the purpose of determining eligibility for services.
------------	---

<b>(ii)</b>	I consent to the Commission writing to the agencies/professionals listed below to request information which may assist with this referral.
-------------	--

Name of Agency/Professional (please list)	Contact Number
e.g. School psychologist, paediatrician, speech therapist	e.g. phone/fax number

<b>(iii)</b>	I consent to an assessment for the purpose of determining eligibility for services by a clinical psychologist and/or speech therapist where one is considered necessary.
--------------	--

<b>(iv)</b>	I consent to the sharing of medical and disability information from these agencies with the Telethon Institute for Child Health Research for statistical research purposes.
-------------	---

<b>(v)</b>	I would like the opportunity to be invited (by mail) to participate in research projects supported by the Commission.
------------	---

<b>(vi)</b>	I will inform the Commission if I am seeking compensation for this disability and, once my case is complete, I will disclose details of settlement to the Commission.
-------------	---

**I have read the above/had the above explained to me, understand it and agree:**

Name			
Signature			
Relationship to applicant			
Date			
Are there any items listed above that you do not wish to consent to?			
Name of Applicant			
Ref Number (if known)			

**Contact us: to discuss any aspect of this referral form on 9426 9223 or 9426 9232.**